

**Superior Court of Washington  
County of King**

vs

Petitioner,

Respondent,

No.

Certificate of Dissolution of Domestic  
Partnership



**Certificate of Dissolution of Domestic Partnership**

**Please Type or Print in Permanent Black Ink**

<b>Court File Number</b>				<b>State File Number</b>			
I Certify the partnership of the persons named below was ordered as a							
1. <input checked="" type="checkbox"/> Dissolution of Partnership			2. Date of Decree (Month/Day/4 Digit Year)		3. County of Decree KING		
4. Signature of Superior Court Clerk X							
<b>To be Completed by Petitioner's Attorney or PRO SE</b>							
<b>Partner 1 Please Type or Print</b>							
5a. Name First Middle Last			5b. Birth Name		6. Date of Birth Month Day 4 Digit Year		7. Birth State (if not USA give Country)
8. Current Residence (Number and Street)		9. City/Town/Location		10. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No		11. County	12. State
<b>Partner 2</b>							
13a. Name First Middle Last			13b. Birth Name		14. Date of Birth Month Day 4 Digit Year		15. Birth State (if not USA give Country)
16. Current Residence (Number and Street)		17. City/Town/Location		18. Inside City Limits <input type="checkbox"/> Yes <input type="checkbox"/> No		19. County	20. State
21. Date of this Partnership Month Day 4 Digit Year		22. Certificate Number		23. Petitioner <input type="checkbox"/> Partner 1 <input type="checkbox"/> Partner 2 <input type="checkbox"/> Both <input type="checkbox"/> Other (specify)		24. Name of Petitioner's Attorney or PRO SE	
25. Petitioner's Address							